PART B - FEE(S) TRANSMITTAL

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or Fax

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26111 759				have its own certific	cate of mailing or transmission.			
	LER, GOLDSTEIN &	& FOX PLLC		L horoby cortify the	Certificate of Mailing or Trans	mission denosited with the United		
1100 NEW YORK				States Postal Service	this rects it this rects of the with sufficient postage for fire	st class mail in an envelope		
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,						(Date)		
Towns Towns T	EU INC DATE	EIDST	IAMED IN	IVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
APPLICATION NO.	FILING DATE		dore F. R		1875.0620001	4380		
09/840,297 TITLE OF INVENTION: SY	04/24/2001					4300		
TILE OF INVENTION. 31	STEM AND INLINED TO	,						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	-\$1370- \$	400	\$300	<u>-₅1670</u> -∯}∫¶¢ —	01/21/2005		
EXAM	INER ·	ART UNIT		CLASS-SUBCLASS				
BRINEY III,	WALTER F	2644		379-413000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys					
Change of correspond	ence address (or Change of	Correspondence or a	gents OR,	, alternatively,	GOLDST	TETN		
Address form PTO/SB/12	•		(2) the name of a single firm (having as a member a					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.								
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON THE PA	TENT (p	orint or type)				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee data woof this form is NOT a sub-	ill appear stitute for	on the patent. If an ass filing an assignment.	ignee is identified below, the d	ocument has been filed for		
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
BROADCOM CORPORATION				CALIFORNIA ()1 FC:1501)2 FC:1504	1400.00 OP 300.00 OP 9.00 OP		
Please check the appropriate	assignce category or category	ries (will not be printed or	n the pate		3 FC:8001 Corporation or other private gro	oup entity Government		
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Advance Order - # of	Copies3	The Depos	e Directo it Accour	or is hereby authorized by not	y charge the required fee(s), or (enclose an extra c	credit any overpayment, to opy of this form).		
5. Change in Entity Status					C. 27.C	ED + 27(-)(2)		
a. Applicant claims SN	MALL ENTITY status. See				MALL ENTITY status. Sec 37 C			
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r es pursuant to the Consol	A RICI	0113 ACL, 2003 (H.R RAITT A	. 401 0 j.	Application Nun	nber (9/840,297						
FEE TRANSMITTAL			Filing Date		April 24, 2001							
JAN 1 3 2003 For FY 2005			First Named Inventor		Theodore F. RABENKO							
F. 107				Examiner Name		Walter F. Briney III						
Applicant Saims small entity status. See 37 CFR 1.27				Art Unit		2644						
TOTAL AMOUNT OF PA	YMENT (\$)	1709.00	l	Attorney Docke		875.0620001		フ				
METHOD OF PAYMENT (check all that apply)												
Check X Credit Card Money Order Other (please identify):												
X Deposit Account Deposit Account Number: 19-0036 Deposit Account Name: Sterne, Kessler, Goldstein & Fox P.L.L.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
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1. BASIC FILING, SEA	FILING FI			CH FEES	EXAM	INATION FEES	•					
Application Type	_ <u>Sn</u>	nall Entity	Fee (\$)	Small Entity	Fee (Small Entity	Fees Paid (\$)					
Utility	300	<u>Fee (\$)</u> 150	500	l Fee (\$) 250	200	\$} Fee (\$) 100	· ccs r ald (w)					
Design	200	100	100	50	130							
Plant	200	100	300	150	160	• •						
Reissue	300	150	500	250	600	80 300						
Provisional	200	100	0	230	000	300 0	-					
2. EXCESS CLAIM FE		100	U	U	U	U	Small Ent	itv,				
Fee Description							Fee (\$) Fee (\$)	:-X				
Each claim over 20 or,							50 25					
Each independent claim Multiple dependent claim		Keissues, each	n indepe	endent claim me	ore than	in the original p	patent 200 100 360 180					
Total Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)	Multipl	e Dependent Cla	Dependent Claims					
20 or HP			=				Paid (\$)					
HP = highest number of total claims paid for, if greater than 20			Ena B			<u>-</u>						
Indep. Claims 3 or HP	Extra Claims =	<u>Fee (\$)</u>		Paid (\$)								
- 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3												
3. APPLICATION SIZE		1100 1			••	C 1 1 00	(0105 C '' '					
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)												
4. OTHER FEE(S) Fees Paid (\$)												
Non-English Specification, \$130 fee (no small entity discount)												
Other: \$1400.00 = Issue Fee; \$300.00 = Pub. Fee; \$9.00 advance copies \$1709.00												
SUBMITTED BY												
Signature	mu & Fr	i -		Registration No. Attomey/Agent)	43,6	Telepho	one (202) 371-2600					
Name (Print/Type) Thoma						Date	1/13/05					
his collection of information is a		R 1.136. The inform	nation is re	equired to obtain or	retain a he	nefit by the public w		_				

Inis collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.